

UNITED STATES BANKRUPTCY COURT
DISTRICT OF

In re:

PIERCE, JOHNATHON D

Debtor(s)

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§
§
§
§

Case No. 08-29524

**CHAPTER 7 TRUSTEE'S FINAL ACCOUNT AND DISTRIBUTION
REPORT CERTIFICATION THAT THE ESTATE HAS BEEN FULLY
ADMINISTERED AND APPLICATION TO BE DISCHARGED (TDR)**

MICHAEL G. BERLAND, chapter 7 trustee, submits this Final Account, Certification that the Estate has been Fully Administered and Application to be Discharged.

1) All funds on hand have been distributed in accordance with the Trustee's Final Report and, if applicable, any order of the Court modifying the Final Report. The case is fully administered and all assets and funds which have come under the trustee's control in this case have been properly accounted for as provided by law. The trustee hereby requests to be discharged from further duties as a trustee.

2) A summary of assets abandoned, assets exempt, total distributions to claimants, claims discharged without payment, and expenses of administration is provided below:

Assets Abandoned:
(Without deducting any secured claims)

Assets Exempt:

Total Distributions to Claimants:

Claims Discharged

Without Payment:

Total Expenses of Administration:

3) Total gross receipts of \$ (see **Exhibit 1**), minus funds paid to the debtor and third parties of \$ (see **Exhibit 2**), yielded net receipts of \$ from the liquidation of the property of the estate, which was distributed as follows:

	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
SECURED CLAIMS (from Exhibit 3)	\$	\$	\$	\$
PRIORITY CLAIMS: CHAPTER 7 ADMIN. FEES AND CHARGES (from Exhibit 4)				
PRIOR CHAPTER ADMIN. FEES AND CHARGES (from Exhibit 5)				
PRIORITY UNSECURED CLAIMS (from Exhibit 6)				
GENERAL UNSECURED CLAIMS (from Exhibit 7)				
TOTAL DISBURSEMENTS	\$	\$	\$	\$

4) This case was originally filed under chapter on . The case was pending for months.

5) All estate bank statements, deposit slips, and canceled checks have been submitted to the United States Trustee.

6) An individual estate property record and report showing the final accounting of the assets of the estate is attached as **Exhibit 8**. The cash receipts and disbursements records for each estate bank account, showing the final accounting of the receipts and disbursements of estate funds is attached as **Exhibit 9**.

Pursuant to Fed R Bank P 5009, I hereby certify, under penalty of perjury, that the foregoing report is true and correct.

Dated: _____ By: /s/MICHAEL G. BERLAND
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.

**EXHIBITS TO
FINAL ACCOUNT**

EXHIBIT 1 – GROSS RECEIPTS

DESCRIPTION	UNIFORM TRAN. CODE ¹	\$ AMOUNT RECEIVED
TOTAL GROSS RECEIPTS		\$

¹The Uniform Transaction Code is an accounting code assigned by the trustee for statistical reporting purposes.

EXHIBIT 2 – FUNDS PAID TO DEBTOR & THIRD PARTIES

PAYEE	DESCRIPTION	UNIFORM TRAN. CODE	\$ AMOUNT PAID
Jonathon Pierce			
Clerk Of Bankruptcy Court			
TOTAL FUNDS PAID TO DEBTOR & THIRD PARTIES			\$

EXHIBIT 3 – SECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
000001	NATIONAL BANK & TRUST CO					
	REHAB, CARE					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6D)	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
	HINSDALE HOSPITAL %MEDICAL SERVICES					
	STATE FARM					
TOTAL SECURED CLAIMS			\$	\$	\$	\$

EXHIBIT 4 – CHAPTER 7 ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
MICHAEL G. BERLAND					
MICHAEL G. BERLAND					
COLLISON & O'CONNOR					
COLLISON & O'CONNOR					
TOTAL CHAPTER 7 ADMIN. FEES AND CHARGES		\$	\$	\$	\$

EXHIBIT 5 – PRIOR CHAPTER ADMINISTRATIVE FEES and CHARGES

PAYEE	UNIFORM TRAN. CODE	CLAIMS SCHEDULED	CLAIMS ASSERTED	CLAIMS ALLOWED	CLAIMS PAID
NA					
TOTAL PRIOR CHAPTER ADMIN. FEES AND CHARGES		\$	\$	\$	\$

EXHIBIT 6 – PRIORITY UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6E)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
NA	NA					
TOTAL PRIORITY UNSECURED CLAIMS			\$	\$	\$	\$

EXHIBIT 7 – GENERAL UNSECURED CLAIMS

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Arturo D Tomas MD P.O. Box 732 Ottawa, IL 61350					
	Associated Gastroenterology Co 530 Park Ave East Princeton, IL 61356					
	Baron Coll 155 Revere Dr Northbrook, IL 60062					
	CB Accounts, Inc. 1101 Main Street Peoria, IL 61606					
	Care Rehab & Orthopaedic PO Box 580 Mc Lean, VA 22101					
	Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364					
	City of Joliet Cab Services P.O. Box 457 Wheeling, IL 60090					
	City of Joliet PO Box 457 Wheeling, IL 60090					
	Collection Prof/lasal 723 1st St La Salle, IL 61301					
	Credit Protection Association, LP 13355 Noel Road Dallas, TX 75240					
	Creditors Collection Bureau P.O. Box 63 Kankakee, IL 60901					
	Creditors Discount & Audit Co 415 E Main St PO Box 213 Streator, IL 61364					
	Dependon Collection Se Attn: Bankruptcy Po Box 4833 Oak Brook, IL 60523					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Discover Financial Attention: Bankruptcy Department Po Box 3025 New Albany, OH 43054					
	Dr James Oakley Dupage Medical Group 1801 S. Highland Ave Lombard, IL 60148					
	Dr Yousuf Sayeed Dupage Medical Group 120 Spalding Dr.,#400 Naperville, IL					
	Dupage Medical Group 1860 Paysphere Circle Chicago, IL 60674					
	Emergency Healthcare Physicians 649 Executive Drive Willowbrook, IL 60527					
	Fifth Third Bank C/O Bankruptcy Dept, Mdropso5 1850 East Paris Grand Rapids, MI 49546					
	G M A C Po Box 130424 Roseville, MN 55113					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Grove Dental/Bolingbrook c/o Jay K. Levy & Associates 155 Revere Drive Suite 2 Northbrook, IL 60062					
	HRRG po box 5406 Cincinnati, OH 45273					
	Healthsouth 2120 Sarno Road Melbourne, FL 32935					
	Hinsdale Hospital 12 Salt Creek Lane Suite 400 Hinsdale, IL 60521					
	Hinsdale Hospital* 12 Salt Creek Lane Suite 400 Hinsdale, IL 60521					
	Kay Jewelers Attention: Bankruptcy Po Box 1799 Akron, OH 44309					
	MH Pembroke Mc Nco Financial System 507 Prudential Road Horsham, PA 19044					
	Mediacom Credit Protection Ass 3900 26th Ave Moline, IL 61265					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Mediacom Credit Protection Associat 3900 26th Ave Moline, IL 61265					
	Merchants Cr 223 W Jackson St Chicago, IL 60606					
	Merchants Cr 223 W Jackson St Chicago, IL 60606					
	Merchants Cr 223 W Jackson St Chicago, IL 60606					
	Merchants Cr 223 W Jackson St Chicago, IL 60606					
	Merchants Cr 223 W Jackson St Chicago, IL 60606					
	Merchants' Credit Guide Co. 223 W. Jackson Blvd Chicago, IL 60606					
	NCO Financial 507 Prudential Rd. Horsham, PA 19044					
	Nelson, Watson & Associates LLC 80 Merrimack St Lower Level Haverhill, MA 01830					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Ottawa Community Hospital 1100 East Norris Dr, Ottawa, IL 61350					
	Ottawa Imaging L.L.C P.O. Box 2426 Ottawa, IL 61350					
	Ottawa Imaging LLC PO Box 2426 Ottawa, IL 61350					
	Prairie Emergency Services PO Box 189016 Fort Lauderdale, FL 33318					
	Premiere Credit Of N A 2002 No Wellesley Blvd 1 Indianapolis, IN 46219					
	Proven St Joseph Medcal Center 333 N Madison St Joliet, IL 60435					
	Resurgent Capital Service/Sherman Acquis Attention: Bankruptcy Department Po Box 10587 Greenville, SC 29603					
	Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
	Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444					
	Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444					
	Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444					
	Sallie Mae Servicing 1002 Arthur Dr Lynn Haven, FL 32444					
	Sears/cbsd 8725 W. Sahara Ave The Lakes, NV 89163					
	State Collection Servi Attn: Bankruptcy Po Box 6250 Madison, WI 53716					
	State Collection Servi Attn: Bankruptcy Po Box 6250 Madison, WI 53716					
	Suburban Radiologists SC 1446 Momentum Place Chicago, IL 60689					

CLAIM NO.	CLAIMANT	UNIFORM TRAN. CODE	CLAIMS SCHEDULED (from Form 6F)	CLAIMS ASSERTED (from Proofs of Claim)	CLAIMS ALLOWED	CLAIMS PAID
000005	CB ACCOUNTS, INC.					
000002	CDA/PONTIAC					
000004	LVNV FUNDING LLC					
000007	OTTAWA REGIONAL HOSPITAL					
000003	SALLIE MAE					
000006	SALLIE MAE					
TOTAL GENERAL UNSECURED CLAIMS			\$	\$	\$	\$

FORM 1
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INDIVIDUAL ESTATE PROPERTY RECORD AND REPORT

Page: 1
Exhibit 8

ASSET CASES

Case No: 08-29524 BL Judge: Bruce W. Black
Case Name: PIERCE, JOHNATHON D

Trustee Name: MICHAEL G. BERLAND

Date Filed (f) or Converted (c): 10/31/08 (f)

341(a) Meeting Date: 12/01/08

Claims Bar Date: 06/10/09

For Period Ending: 09/06/13

1	2	3	4	5	6
Asset Description (Scheduled and Unscheduled (u) Property)	Petition/ Unscheduled Values	Estimated Net Value (Value Determined by Trustee, Less Liens, Exemptions, and Other Costs)	Property Formally Abandoned OA=554(a) Abandon	Sale/Funds Received by the Estate	Asset Fully Administered (FA)/ Gross Value of Remaining Assets
1. Old Second Bank-checking-scheduled	100.00	0.00		0.00	FA
2. Salt Creek CU-savings-scheduled	75.00	0.00		0.00	FA
3. Household goods-scheduled	800.00	0.00		0.00	FA
4. Books, tapes etc-scheduled	100.00	0.00		0.00	FA
5. Clothing-scheduled	800.00	0.00		0.00	FA
6. Costume jewelry-scheduled	50.00	0.00		0.00	FA
7. Pi claim-scheduled	Unknown	Unknown		55,000.00	FA
8. 2003 Chevrolet Traiblazer-scheduled	3,240.00	0.00		0.00	FA
9. 2002 Chevy Imapala-scheduled	2,980.00	0.00		0.00	FA
10. 66 Span Mustang-scheduled	3,200.00	0.00		0.00	FA

				Gross Value of Remaining Assets
TOTALS (Excluding Unknown Values)	\$11,345.00	\$0.00	\$55,000.00	\$0.00
				(Total Dollar Amount in Column 6)

Major activities affecting case closing which are not reflected above, and matters pending, date of hearing or sale, and other action:

The Trustee hired special counsel to prosecute a PI action. The Trustee filed a Motion To Authorize Settlement, which was approved. The Final Report was filed and the distribution made to creditors..

Initial Projected Date of Final Report (TFR): 12/31/12

Current Projected Date of Final Report (TFR): 12/31/12

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

Case No: 08-29524 -BL
Case Name: PIERCE, JOHNATHON D

Trustee Name: MICHAEL G. BERLAND
Bank Name: Congressional Bank
Account Number / CD #: *****5650 Checking Account

Taxpayer ID No: *****2764
For Period Ending: 09/06/13

Blanket Bond (per case limit): \$ 5,000,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			BALANCE FORWARD				0.00
03/16/12	7	State Farm Insurance Company	Settlement of PI per court order	1142-000	55,000.00		55,000.00
03/27/12	000101	Jonathon Pierce	Payment of exemption per court order	8100-000		15,000.00	40,000.00
03/27/12	000102	Collison & O'Connor	Payment of special counsel fee per court order	3210-000		18,333.33	21,666.67
04/10/12	000103	Collison & O'Connor	Payment fo costs per court order for special counsel	3210-000		2,932.02	18,734.65
04/10/12	000104	Hinsdale Hosptial %Medical Services	Payment of lien per court order	4210-000		3,200.00	15,534.65
04/10/12	000105	State Farm	Payment of lien per court order	4210-000		3,333.33	12,201.32
04/10/12	000106	Care Rehab	Payment of lien per court order	4110-000		1,427.50	10,773.82
10/02/12	000107	MICHAEL G. BERLAND 1 NORTH LASALLE STREET STE 1775 CHICAGO, IL 60602	Chapter 7 Compensation/Fees	2100-000		6,000.00	4,773.82
10/02/12	000108	MICHAEL G. BERLAND 1 NORTH LASALLE STREET STE 1775 CHICAGO, IL 60602	Chapter 7 Expenses	2200-000		44.00	4,729.82
10/02/12	000109	Cda/pontiac Attn: Bankruptcy Po Box 213 Sreator, IL 61364	Claim 000002, Payment 23.04800%	7100-000		144.05	4,585.77
10/02/12	000110	LVNV Funding LLC Resurgent Capital Services PO Box 10587 Greenville, SC 29603-0587	Claim 000004, Payment 23.04846%	7100-000		1,114.40	3,471.37
* 10/02/12	000111	CB Accounts, Inc. 1101 Main Street	Claim 000005, Payment 23.04828%	7100-003		181.39	3,289.98

Page Subtotals 55,000.00 51,710.02

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

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Trustee Name: MICHAEL G. BERLAND
Bank Name: Congressional Bank
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Taxpayer ID No: *****2764
For Period Ending: 09/06/13

Blanket Bond (per case limit): \$ 5,000,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
10/02/12	000112	Peoria, IL 61606 Sallie Mae c/o Sallie Mae Inc 220 Lasley Avenue Wilkes-Barre, Pa 18706	Claim 000006, Payment 23.04857%	7100-000		892.92	2,397.06
10/02/12	000113	Ottawa Regional Hosptial fka Community Hospital Of Ottawa 1100 East Norris Drive Ottawa, IL 61350	Claim 000007, Payment 23.04863%	7100-000		2,397.06	0.00
* 02/04/13	000111	CB Accounts, Inc. 1101 Main Street Peoria, IL 61606	Claim 000005, Payment 23.04828% Check not cashed	7100-003		-181.39	181.39
* 02/04/13	000114	United States Bankruptcy Court IL	Claim 000005, Payment 23.04828%	7100-003		181.39	0.00
* 06/05/13	000114	United States Bankruptcy Court IL	Claim 000005, Payment 23.04828%	7100-003		-181.39	181.39
06/05/13	000115	Clerk Of Bankruptcy Court	Unclaimed Funds	8500-000		181.39	0.00

COLUMN TOTALS	55,000.00	55,000.00	0.00
Less: Bank Transfers/CD's	0.00	0.00	
Subtotal	55,000.00	55,000.00	
Less: Payments to Debtors		15,181.39	
Net	55,000.00	39,818.61	
TOTAL - ALL ACCOUNTS	NET DEPOSITS	NET DISBURSEMENTS	ACCOUNT BALANCE
Checking Account - *****5650	55,000.00	39,818.61	0.00
	55,000.00	39,818.61	0.00
(Excludes Account	(Excludes Payments	Total Funds	

Page Subtotals 0.00 3,289.98

ESTATE CASH RECEIPTS AND DISBURSEMENTS RECORD

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Trustee Name: MICHAEL G. BERLAND
Bank Name: Congressional Bank
Account Number / CD #: *****5650 Checking Account

Taxpayer ID No: *****2764
For Period Ending: 09/06/13

Blanket Bond (per case limit): \$ 5,000,000.00
Separate Bond (if applicable):

1	2	3	4		5	6	7
Transaction Date	Check or Reference	Paid To / Received From	Description Of Transaction	Uniform Tran. Code	Deposits (\$)	Disbursements (\$)	Account / CD Balance (\$)
			Checking Account - *****5650		Transfers)	To Debtors)	On Hand

Page Subtotals 0.00 0.00